



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: 2-15 Time: 11:15

Agenda/Item Number: _____

Issue: MOBILITY HUB

Name: J R H HORNES

Mailing address: 35 SPANIA

City: CORAL GABLES State/Zip: FL 33134

Phone: 338 5040 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: SELF

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:
PRO CITY

Signature: J R H HORNES

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.